

An Exploration of the Theories, Approaches and Best Practices that Social Workers are using in  
their Practice of Couple Therapy with Heterosexual Couples in which the Female Partner has  
experienced Complex Trauma

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## **Abstract**

Persons who have experienced complex trauma are most frequently offered individual therapy. However, couple therapy as a treatment for partners in which one or both have experienced complex trauma is beginning to be explored and touted as an important intervention. Complex trauma often has both individual and relational effects for individuals, and couple relationships have been found to be a tremendous source of healing from past trauma. Based on feminist theory, this study explores the theories, approaches and best practices that social workers are using in their practice of couple therapy with heterosexual couples in which the female partner has experienced complex trauma. Five feminist social workers with experience in this area provided knowledge about their practice of couple therapy through semi-structured, qualitative interviews. The themes that emerged through the interviews included: balancing the competing needs of both partners, the externalization of the trauma, strengthening the relationship, and addressing power in the relationship and society. These themes demonstrate some of the work that social workers are currently doing in the area of couple therapy and complex trauma as well as provide direction for others who want to learn more about theories, approaches, and best practices in this area. Implications for social work practice, policy, and research are discussed.

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## **Introduction**

Persons who have experienced complex trauma are most frequently offered individual therapy, which is currently the dominant treatment modality (Johnson & Courtois, 2009). However, couple therapy as a treatment for partners in which one or both have experienced complex trauma is beginning to be explored and touted as an important intervention (Hecker, 2007; Johnson & Courtois, 2009; Nasim & Nadan, 2013; Zala, 2012). The term “complex trauma” refers to long-term abuse or neglect, often at the hands of a caregiver, that usually takes place during a key developmental period such as childhood or adolescence (Ford & Courtois, 2009, p.13). While complex trauma often has individual impacts on the person, there are also frequently relational effects that may include low relationship satisfaction, high levels of distress in relationships, as well as challenges with intimacy, emotional communication and sexual difficulties (Nasim & Nadan, 2013, p.369). While complex trauma has the potential to produce challenges in adult intimate relationships, couple relationships have also been found to be a tremendous source of healing from trauma (Hecker, 2007; Macintosh & Johnson, 2008; Zala, 2012). Trauma survivors benefit from “safe and healing relationships” as these provide support in their recovery from the effects of complex trauma and couple therapy can provide that context as well as aid couples in improving and strengthening their intimate relationship (Zala, 2012, p.220).

There is a need for research in the area of couple therapy where one or both partners have experienced trauma as much research regarding trauma therapy has focused on the individual while their intimate partners have often been excluded (Macintosh and Johnson, 2008, p.299). Research in this area would be beneficial to practitioners who are working with couples in which one or both partners have experienced complex trauma as it could aid them in developing and



enhancing their skills and practice. In addition to this, research would also benefit both partners in a couple relationship where one or both partners have experienced complex trauma as it could strengthen and enhance their relationship.

This research study aims to explore the current work that is being done by social workers who use couple therapy in their practice with heterosexual couples in which the female partner has experienced complex trauma. A feminist theoretical framework was used in this research study and paper and will be expanded upon and detailed further in this paper. The study looks specifically at couples in which the female partner has experienced complex trauma due to the fact that it is more often women who have had experiences of early trauma (PTSD: National Center for PTSD, 2015, para.3). In addition to this, the study was limited to focusing on heterosexual couples as there may potentially be differences in couple therapy approaches in working with couples in same-sex relationships. The research question being asked in this study is: What theories, approaches, and best practices are social workers using in their practice of couple therapy with heterosexual couples in which the female partner has experienced complex trauma?

### **Literature Review**

As evidenced by an increase in literature regarding this topic area, there appears to be more interest in recent years in beginning to explore couple therapy in which one or both partners have experienced trauma (Hecker, 2007; Johnson & Courtois, 2009; Nasim & Nadan, 2013; Zala, 2012). However, there are still few studies that have been conducted in this area of practice. Recent literature related to complex trauma, women and intimate relationships will first be reviewed. Additionally, some important themes found in the literature regarding the use of couple therapy for couples in which the female partner has experienced complex trauma will be

explored and reviewed. The key themes discovered in relation to this topic were: strengthening attachment bonds, balancing competing needs and avoiding blame, creating and strengthening preferred narratives, and challenging patriarchy and power. These themes are explored through a feminist lens that delves beyond looking solely at the individual and how they have been affected by trauma. Rather, the feminist perspective goes deeper into looking at trauma in the context of patriarchy and how this view can both challenge and enhance various models and themes in couple therapy.

In addition to discussing themes found in the literature, limitations and concerns regarding couple therapy for this population will be discussed. Gaps in the literature that have emerged subsequent to reviewing current research and writings in this topic area are also noted.

### **Complex Trauma, Women and Relationships**

While it is important not to reduce trauma to solely being about symptoms, it is also key to recognize the ways in which trauma rooted in patriarchy can impact survivors' lives for years beyond the actual traumatic events. There are many ways that women adapt in order to deal with experiences of repeated abuse and develop strategies to help themselves cope and survive (Warner, 2009, p.17). Complex trauma generally has wider-reaching effects on the person than a single traumatic event. Complex trauma has been defined as resulting from "severe stressors that (1) are repetitive or prolonged, (2) involve harm or abandonment by caregivers or other ostensibly responsible adults, and (3) occur at developmentally vulnerable times in the victim's life, such as early childhood or adolescence" (Ford & Courtois, 2009, p.13). Because the trauma occurs during a developmentally key period, complex trauma may affect how the survivor forms and maintains attachments throughout their life (Hecker, 2007, p.86). Complex trauma can have both individual and relational effects on the survivor. Some of the individual impacts may include feelings of guilt, shame, and blame which can lead to the development of low self-

esteem and resulting responses such as anxiety, depression, substance abuse, eating disorders, self-harm, and suicidal ideation (Blumer, Papaj & Erolin, 2013, pp.67-68; Tummala-Nara & Kallivayalil, 2012, p.640). These individual effects often impact and interplay with the relational effects of complex trauma in survivors' lives.

Complex trauma also has the potential to have effects on women's relationships in adulthood. One study of childhood sexual abuse separated abuse into different classes to try to discover whether different abuse classes had differing effects on women's relationships (Watson & Halford, 2010, p.518). The researchers found that childhood sexual abuse that was perpetrated by a family member (as compared to abuse that involved a friend or stranger) had the most negative effects. This class of abuse often began at an earlier age, was physically invasive, occurred over a longer period of time, involved either an older brother or father, and was often not disclosed or little support was received when disclosure did occur (Watson & Halford, 2010, p.525). Watson and Halford (2010) found that women with a history of childhood sexual abuse perpetrated by a family member tended to have higher rates of marital separation and experienced more dissatisfaction with their relationships (p.530).

Additionally, some of the other adaptive responses that survivors may have to complex trauma include mistrust, concerns about abandonment, fear of vulnerability and betrayal, and intimacy avoidance (Dalton, Greenman, Classen, & Johnson, 2013, p.210). To add to this, women's experiences of abuse are intertwined with "broader structures of social disempowerment" such as sexism, poverty, and racism as well as the prevalence of "victim-blaming" in society which often increases feelings of powerlessness and shame (Haskell, 2003, pp.15-16). Survivors of complex trauma may also experience difficulties in forming and maintaining relationships, increased relational conflict, a higher tendency to divorce, and hyper-

vigilance about the potential of their partner causing harm to them (Baima & Feldhousen, 2007, p.15; Hecker, 2007, p.86). For survivors of complex trauma, there may also be challenges related to sexual intimacy within relationships. Baima and Feldhousen (2007) note that approximately half of women with a history of sexual abuse describe experiencing some form of sexual difficulty (p.15). For some, this includes avoiding sex and having lower sexual desire and satisfaction, while for others, this includes engaging in sex more frequently and with more partners but without intimacy (Blumer et al., 2013, p.71; Hecker, 2007, p.88). Male partners of women who have experienced complex trauma may also have sexual difficulties with them tending to be “hyper-vigilant” and concerned about triggering their partner as well as experiencing erectile problems (Baima & Feldhousen, 2007, p.16).

In a qualitative study of survivors of complex trauma, Tummala-Nara and Kallivayalil (2012) explored how survivors experience relationships with significant people in their lives (p.640). They found that there were often difficulties in trusting others and feelings of vulnerability in relationships. Survivors of complex trauma also expressed openness to healthy connections as well as a desire for positive relationships (pp. 645-646). Survivors of complex trauma often have a strong desire to improve and strengthen their relationships and it is within these relationships that there is enormous potential for healing from trauma (Nasim & Nandan, 2013, p.369).

While individual therapy tends to be the most common treatment for trauma, there appears to be increasing interest in exploring couple therapy for couples where one or both partners are trauma survivors because of the recognition of the relational impacts of trauma (Johnson & Courtois, 2009, p.374). Macintosh and Johnson (2008) argue that partners of trauma survivors often feel left out of the therapy process and that therapists miss an opportunity to

engage partners as allies and strengthen relationships when only focusing on individual treatment (p.299). In addition to this, some have noted that therapy that includes both partners is more respectful of clients' goals as they have a strong desire to have healthy and satisfying relationships (Zala, 2012, p.223).

Survivors of complex trauma have reported that relationships with spouses, partners, children and friends have been key in aiding them in gaining a new perspective of themselves as well as new ways of interacting with others (Tummala-Nara & Kallivayalil, 2012, p.647). Relationship attachments are widely viewed as being central in the healing of trauma, but this principle has often been assumed to only apply to the therapeutic relationship (Zala, 2012, p.220). Zala (2012) contends that couple therapy has an even greater potential than the therapeutic relationship to bring about healing because of the focus on strengthening the survivor's current attachment relationship with their partner (p.220). In addition to this, the exclusion of the trauma survivor's partner in therapy could threaten the potential for change in individual therapy if there is continual relationship distress or if the partner feels left out of the process (Macintosh & Johnson, 2008, p.301).

## **Themes in Couple Therapy**

### *Strengthening Attachment Bonds*

One of the key themes that emerged in the literature was a focus on attachment theory and the importance of strengthening attachment bonds between partners. Attachment theory explains how early childhood experiences such as repeated trauma can influence an individual's relational style as an adult as well as why this can lead to "re-enacting early relationship patterns in current relationships" which often contributes to dissatisfaction in the relationship (Zala, 2012, p.221). Johnson and Courtois (2009) assert that having attachment figures that are abusive,

rejecting or unavailable can lead to the development of anxiety and distress for the child, which can result in the child turning to anxiety-based “hyperactivating strategies” and avoidance-based “deactivating strategies” to cope (p.375). In addition to this, Zala (2012) contends that, because attachment traumas can have a major influence on a couple’s relationship dynamics, therapists should support and work with couples to create a secure attachment base and connection to each other (p.222). While isolation and lack of connection frequently constrain a person’s ability to deal with past trauma, it is within a secure couple relationship that challenges resulting from complex trauma can often be dealt with and healing can occur (Johnson & Courtois, 2009, p.376).

While attachment theory is widely recognized and supported, there are some feminist critiques to attachment theory. Some feminists have been critical of attachment theory because of the potential to blame mothers and the lack of attention paid to cultural differences in couple and family dynamics. Additionally, many view it as an individual theory of personality and parenting that does not do enough to explore the social, cultural, environmental, and political context (Zala, 2012, p.222). While Knudson-Martin (2012) believes that attachment theory’s focus on relational bonds is in line with the values of feminism, she contends that attachment processes need to be placed within the larger societal context of gender, culture, and power (p.299). She describes some of the strengths of attachment theory from a feminist perspective:

Individual well-being is understood in the context of relational processes such as attunement, communication, adaptation, conflict resolution, and intimacy. Moreover, attachment theory focuses attention on the relational processes around nurturing and care that are often not valued in the dominant culture. Rather than framing emotion as a primitive response that needs to be contained, attachment theorists put seeking and

maintaining emotional contact with significant others at the heart of healthy development.  
(Knudson-Martin, 2012, p.300)

While Knudson-Martin (2012) recognizes the positive aspects of attachment theory, she is critical of the fact that attachment is often reduced to an individual style rather than being recognized as interpersonal and interactive (p.300). She offers some guidelines to assist in integrating a feminist perspective into attachment-oriented therapies. These guidelines include considering how various manifestations of attachment processes are socially constructed, expanding the lens outwards to include the influence of socio-cultural norms and societal power processes, and focusing on the contextual and interpersonal processes that are involved in developing, expressing, and maintaining attachment bonds. In addition to this, connectedness should be valued and it should not be assumed that partners communicate from equal positions of power (Knudson-Martin, 2012, pp.302-303).

Emotion-Focused Therapy (EFT) is a therapy that draws on attachment theory and there have recently been a few studies exploring the use of EFT for couples in which one partner has experienced trauma. Cohen (2008) asserts that EFT is consistent with a feminist perspective because it does not pathologize the trauma survivor's interactional style but rather positions both partners as responsible for their interactions. However, she does note that a key limitation of EFT is that it is missing a feminist perspective on gender (p.234). Similarly, Knudson-Martin (2012) argues that gender should be explicitly addressed in therapies that use attachment theory as there is a possibility that women will silence their needs and men's emotions will direct the focus of the therapy (p.302). The guidelines noted by Knudson-Martin in the paragraph above may be helpful for therapists practicing EFT to integrate into their practice.

For couples in which one partner has experienced trauma, EFT is one of the key therapies

that has been studied and explored in response to the needs of these couples. In addition to its focus on attachment, EFT stresses the role of affect in bringing about therapeutic change (Macintosh & Johnson, 2008, p.300). In Macintosh and Johnson's (2008) study, they explored the use of EFT for couples in which the female partner had experienced childhood sexual abuse. There were ten couples in the study and they completed between 11 and 26 EFT sessions (p.303). The researchers found that half of the couples reported significant increases in relationship satisfaction. However, three couples reported decreases in relationship satisfaction. In addition to this, half of the trauma survivors reported significant decreases in their trauma symptoms (p.309). From this study, Macintosh and Johnson (2008) suggested increasing the number of EFT sessions to between 30 and 35 sessions in order to address the complex needs of the couple and so that the therapist can move slowly in the work of containing and processing emotions with the couple (p.312).

Additionally, Dalton et al. (2013) conducted a similar study to examine the impact of EFT on relationship distress in couples in which the female partner was a survivor of childhood abuse. Twelve couples were assigned to a treatment group and ten couples were assigned to a control group (p.212). Couples in the treatment group participated in 24 sessions of EFT and the researchers found that there were significant increases in their relationship satisfaction, while the couples in the control group did not experience changes in relationship satisfaction. In addition to this, there were significant decreases in marital distress for the treatment group, with many couples moving from the "distressed" range to the "average" range (Dalton et al., 2013, p.217). However, they found that women who participated in EFT for couples did not experience a reduction in their trauma symptoms which may have been due to the therapy being focused on the couple's relationship distress or because the women may have already attended individual



trauma therapy (Dalton et al., 2013, p.218). The exploration of the efficacy of EFT and other attachment-based therapies is still being explored as there have been few studies conducted so far, however it appears that there has been some success (Dalton et al., 2013, p.212).

*Balancing Competing Needs and Avoiding Blame*

One of the themes that arose concerning couple therapy in which the female partner has experienced complex trauma was that of balancing the needs of both partners as well as avoiding blame. Zala (2012) notes that there can be a tension between focusing on the couple's relational difficulties and focusing on the trauma. An excessive focus on the trauma and its effects could possibly lead to the unintentional blaming of the survivor for the couple's relational challenges. Yet, focusing solely on the couple and not the trauma could reinforce the trauma survivor's perspective that their needs are not as important as those of others (pp.223-224).

Survivors of complex trauma may internalize feelings of shame and blame because of their past abuse. Baima and Feldhousen (2007) describe the concept of "benevolent blame" which involves the subtle blaming of the female trauma survivor for the difficulties in the relationship while the male partner is just in therapy to "help her heal" without recognizing his contribution to the problems in their relationship (p.25). It has been noted that therapists also contribute to benevolent blame and to keeping men in dominant roles when they challenge male partners solely in regards to their strength and ability to help their female partner heal (Baima & Feldhousen, 2007, p.26). It can be easy for therapists to fall into the trap of unintentionally putting the blame for the difficulties in the couple relationship on the female trauma survivor, however, Zala (2012) argues that therapists need to keep in mind that couple dynamics and challenges are co-created and preserved by both partners (p.223).

One of the realms in which the blaming of trauma survivors and the upholding of male

needs as superior to the needs of women can be manifested is in sexuality. In couples in which the female partner has experienced complex trauma, sexual difficulties are often disclosed at some point during the course of couple therapy. Basham and Miehl (2004) assert that therapists should maintain a relational focus because female trauma survivors have sometimes been situated as the “identified patient” while their male partners are positioned as the “benevolent helper” in the treatment of issues related to sexuality. They assert that partners of trauma survivors sometimes mask their own sexual dysfunctions by focusing on their partner’s responses to trauma (p.193). Similarly, Miller et al. (2006) note that some approaches to exploring sexuality in therapy have had the goal of correcting women’s sexual attitudes and their “misunderstandings” about sex and have dismissed women’s distress and fears (p.7).

Baima and Feldhousen (2007) suggest a different approach to addressing sexuality in therapy that does not blame the trauma survivor but that includes the resistance of “patriarchal-defined sexuality” (p.22). Patriarchal sexuality is defined as “sexual behaviors and attitudes between men and women informed by myths regarding men’s entitlement to the female body, their need for sexual gratification, and women’s responsibility to satisfy men’s desires”. Trauma survivors should be empowered to reclaim their sexuality for themselves and not their partner as well as to claim ownership of their own bodies (Baima & Feldhousen, 2007, p.22). Furthermore, Zala (2012) asserts that therapists should not promote sexual activity over abstinence in discussions of sexuality with couples but should stress that they are free to choose and do what works best for them in their relationship. She also suggests an exploration of the influences of gender and social constructs with couples in therapy in order to aid them in developing awareness about harmful and rigid gender patterns within sexuality (p.228).

### *Creating and Strengthening Preferred Narratives*

Another theme that emerged in the literature regarding the treatment of trauma and couple therapy was that of creating and strengthening preferred narratives (Baima & Feldhousen, 2007; Hecker, 2007; Miller, Parra Cardona, & Hardin, 2006; Nasim & Nadan, 2013). For many couples, the primary focus may have been on their relational challenges, however, this approach aids couples in creating shared meaning and developing more positive narratives of their lives and relationship. Miller et al. (2006) promote the use of narrative therapy in the treatment of childhood sexual abuse and assert that the narrative approach involves:

- (1) An awareness and encounter with the larger socio-political structures that frame people's lives and the understanding of their relationships with those structures; (2) an awareness that many stories make up a person's life (both dominant and subjugated) and that any of these stories can be brought to the forefront at any given time; and (3) a commitment to being part of the search and support for the person's preferred story.
- (pp.9-10)

In this approach, the therapist aids in bringing preferred stories of resilience and strength to light and emphasizing these. The importance of creating a safe environment for the trauma survivor to fully share her story has also been noted (Miller et al., 2006, pp.10-11).

Furthermore, Nasim and Nadan (2013) discuss the importance of the therapist and partner providing 'witness' to the trauma survivor's story and the effects of the trauma in her life (p.368). They contend that 'witnessing' aids in breaking the trauma reenactment cycle and helps the survivor to integrate the events of her life into a more coherent, whole narrative. As the narrative is developed in therapy, preferred stories of resistance, strength and survival often emerge. There are also enormous benefits for the intimate relationship as the partnership is

strengthened through therapy and the couple can decide together what relational patterns they wish to utilize in their relationship (Nasim & Nadan, 2013, pp.371-375). Similarly, Hecker (2007) notes that as the trauma survivor shares her story in a safe and accepting environment, there is potential for the couple to create new and shared meaning around different aspects of the story rather than the trauma creating a chasm between partners (p.91). Tseris (2013) maintains that one of the goals of feminist social work is to empower women to “reclaim the voices that were silenced” through experiences of trauma so that they can recount their own stories and make meaning out of them (p.161). It has also been noted that there needs to be an emphasis on the survivor’s resilience as well as her strengths and abilities throughout the telling of her story and in therapy, which is consistent with feminist therapies (Cohen, 2008, p.236).

While the approaches in the paragraph above appear to focus more on the trauma, Miller et al. (2006) critique the focus of trauma theory on the “maladjustment of victims” and their “symptoms” instead of focusing on male violence as well as oppression and how it contributes to abuse and its impacts (p.6). They assert that one of the key themes in narrative interventions for childhood sexual abuse should involve identifying the “dominant stories that are being told by society” that trauma survivors are experiencing as damaging and oppressive (Miller et al., 2006, p.10). Additionally, Baima and Feldhousen’s (2007) approach encourages couples to look at ways that they have resisted the effects of both the trauma and of patriarchy in their lives and their relationship, in addition to ways that they sometimes maintain and support patriarchy. This approach goes beyond looking at the effects of trauma to looking at the roots of trauma in patriarchy. The focus is on the externalization of the problem so that the couple is “unified around resisting the destructive effects of an external force” (p.27). Baima and Feldhousen (2007) assert that couples may be tempted to look to “familiar oppressive patriarchal scripts”

when attempting to resolve individual and relational challenges that are related to complex trauma (p.27). They advocate instead for an approach that encourages couples to critically examine in a non-blaming manner the ways they support patriarchy and empowers them to resist patriarchy together so that their partnership is strengthened and they can construct a relationship that respects the needs and well-being of each partner equally (Baima & Feldhousen, 2007, pp.27-28). In this way, the couple can create a positive narrative that works against the perpetuation of patriarchy in their relationship and beyond.

### *Challenging Patriarchy and Power*

An additional theme explored in the literature was that of addressing and challenging power and patriarchy in the context of couple and trauma therapy. Baima and Feldhousen (2007) maintain that healing from trauma cannot fully occur within patriarchal systems of thinking because patriarchy prescribes roles for women that depend on them feeling powerless and dependent. In order for complete healing from trauma to take place, they contend that women and men must develop “resistance and resilience to patriarchy” (pp.20-21).

Psycho-education can be used to address patriarchy and power, and orient couples toward change in their relationship and lives (Blumer et al., 2013, pp.74-75). Education regarding the impact of complex trauma as well as normalization of coping mechanisms can lead to greater compassion and understanding between partners (Zala, 2012, pp.223-224). Brown (2004) states that post-traumatic symptoms should be framed as coping strategies and seen as “evidence of resistance by the client to being coerced into silence and invisibility” (p.465). In addition to this, Blumer et al. (2013) suggest providing education about the patriarchal nature of abuse to aid in understanding how the female partner’s trauma is the product of a larger issue in society. This knowledge can aid and equip the couple to move towards advocacy and social action (p.75).

Additionally, feminist consciousness-raising is a key component of addressing power and patriarchy in trauma therapy. Brown (2004) defines a feminist consciousness as “awareness that one’s own suffering arises not from individual deficits but rather from the ways in which one has been systematically invalidated, excluded, and silenced because of one’s status as a member of a non-dominant group in the culture” (p.465). Developing this consciousness can aid the couple in placing the trauma into a wider context of oppression and patriarchy instead of simply focusing on the individual effects of trauma. It can also increase their awareness of sexism and discrimination in their lives and in their relationship (Richmond et al., 2013, p.444).

Furthermore, while the development of a feminist consciousness cannot reverse the negative effects of trauma and oppression, it can potentially aid couples in developing more mutual and egalitarian relationships (Baima & Feldhousen, 2007, p.19). Zala (2012) notes that therapists can challenge male domination and help couples to examine the gender arrangements in their relationship that may be rigidly holding to traditional gender roles (p.225). Baima and Feldhousen (2007) suggest encouraging couples to examine critically the ways they support patriarchy and how this impacts their relationship. Therapists can foster this consciousness through first developing an understanding about what patriarchy looks like in society and then narrowing and deepening that understanding to what it looks like in the couples interactions with each other in their relationship (p.30-31). From this awareness, couples can work together to challenge patriarchy and dialogue about new ways of relating to each other and society.

As couples develop a feminist consciousness, they may benefit from being involved in activities for social change as a way of challenging patriarchy (Cohen, 2008, p.242). Various authors have discussed the benefits for trauma survivors of being involved in social change efforts, including: the ability to create meaning out of a negative experience, the opportunity to

build connections with like-minded people, and the reinforcement of a feminist consciousness that views society as the issue and not the individual (Blumer et al., 2013; Cohen, 2008; Richmond et al., 2013). Cohen (2008) asserts that involvement in social change could entail raising awareness about issues of violence and abuse or being involved in movements to bring reformation to political, legal, educational, or health-related institutions with regard to their policies or treatment of trauma survivors (p.242). In addition to this, Brown (2004) asserts that feminist trauma practice should involve the therapist being engaged in political action to address issues of oppression and interpersonal violence. She contends that it is not enough for the therapist to treat the trauma survivor but that there needs to be a focus on subverting patriarchy and bringing change so that someday trauma therapy will no longer be needed in society (p.470).

### **Limitations and Challenges of Couple Therapy**

Researchers have noted specific limitations and challenges in relation to therapy for couples in which the female partner has experienced complex trauma (Basham & Miehls, 2004; Johnson & Courtois, 2009; Zala, 2012). Some challenges include the presence of violence in the relationship, substance abuse, and the potential need for individual trauma therapy before couple therapy is undertaken.

It is extremely important for the therapist to carefully assess if there is possible violence in the relationship before beginning couple therapy and throughout the process (Johnson & Courtois, 2009, p.377). When there is violence in the relationship, Basham and Miehls (2004) suggest referring each partner to individual or group therapy as well as meeting with the victim of abuse individually to support him or her in accessing safe shelter if needed and to provide emotional support (p.186). Several sources maintain that the violence in the relationship should

end before couple therapy can begin safely (Basham & Miehl, 2004; Johnson & Courtois, 2009).

Another challenge is if there is substance abuse present for either or both partners in the relationship. Basham and Miehl (2004) maintain that there is an association between substance abuse and childhood sexual trauma as drugs or alcohol may be utilized as a way to cope with past trauma (p.202). It is also possible that the male partner is engaged in substance abuse and active substance abuse has the potential to be a challenge in couple therapy. Johnson and Courtois (2009) suggest that the substance abuse may need to be dealt with either before or at the same time as couple therapy (p.377).

It has also been noted that at times individual therapy may be needed before couple therapy begins (Hecker, 2007). This could be due to a number of reasons, including; the survivor not being ready to share their story with their partner, the presence of severe post-traumatic coping strategies such as extreme dissociation, or the individuals in the couple relationship first needing to deal individually with the issues mentioned above such as substance abuse or violence in the relationship (Basham & Miehl, 2004, p.208; Hecker, 2007, p.89).

### **Gaps in the Literature**

There is still much to learn regarding the topic of couple therapy in which the female partner has experienced complex trauma. The past focus in terms of trauma treatment was often on the individual but there appears to be increased interest in the possibility and potentials of couple therapy as being an effective treatment for couples where one or both partners are trauma survivors (Hecker, 2007; Johnson & Courtois, 2009; Nasim & Nadan, 2013; Zala, 2012).

In looking at the literature in this topic area, there were a number of articles with suggestions and recommendations specific to couple therapy for couples in which the female



partner has experienced complex trauma. Many of these articles drew on various theories and models that the authors felt would be beneficial or had used successfully in their own practice with couples. However, there were few articles that involved actual research studies with couples in which one or both partners have experienced trauma or that involved therapists who are working with these couples. Dalton et al. (2013) noted that there had been no randomized controlled trials to explore the effectiveness of any couple therapy approaches for couples in which the female partner has experienced “severe” child abuse until they conducted their study (p.212). Dalton et al.’s (2013) study looked at the effectiveness of EFT as a model of couple therapy for couples in which the female partner had experienced complex trauma through looking at a treatment group and a waitlist control group but this study was the first of its kind to the researchers’ knowledge (p.212). Additionally, there has been one qualitative study of EFT for couples in which the female partner had experienced child sexual abuse (Macintosh & Johnson, 2008). It appears that the exploration of the effectiveness of various approaches to couple therapy is slowly getting more attention but at this point there is still a lack of research in this area. There is a need for both quantitative and qualitative research in this area. Moreover, the research currently being done appears to be focused solely on EFT and there has been little research regarding other couple therapy approaches for addressing complex trauma.

In addition to this, not enough is known about the ways that social workers engaged in clinical practice are already working with couples in which the female partner has experienced trauma. Because of the effects of complex trauma on intimate relationships in adulthood, it is likely that many social workers have previously or are currently working with couples where one or both partners have a history of complex trauma. There is much that could be learned from the experience of social workers who are already working with this population. The sharing and

availability of this knowledge among both new and experienced social workers could be extremely beneficial. There is a need for more research regarding what social workers who are working with couples in which the female partner has experienced complex trauma are already doing in their practice.

An additional gap in research that was discussed in the literature was that of there not being enough known about the possibility of a combination of individual and couple therapy for survivors of complex trauma (Dalton et al., 2013, p.219). It would be helpful to learn more about how both individual and couple therapy could be used to aid trauma survivors and their partners. Furthermore, I noticed that there was a lack of discussion in the literature about the challenges that social workers may face in doing couple therapy with couples in which the female partner is a trauma survivor as compared to doing individual therapy with trauma survivors.

There was discussion in the literature about feminism and trauma and about the use of feminist theory and practice within couple therapy for trauma survivors. However, there was little research about how social workers are actually incorporating feminist theory in their work with couples in which the female partner has experienced complex trauma. While there were suggestions found within the literature for doing this, there was a lack of research as to what social workers are already doing to incorporate feminist theory or if they are not actually drawing on feminist theory. More research is needed to explore what social workers are already doing to incorporate feminist theory in their work with couples in which the female partner has experienced complex trauma and to find out if there are barriers to the incorporation of feminist theory in this area.

There is still much research that needs to be conducted related to the topic of couple therapy for couples in which the female partner has experienced complex trauma. While there

has been more research conducted regarding individual therapy for trauma survivors, the potentials of couple therapy for trauma survivors are beginning to be recognized as important and explored more.

### **Theoretical Framework**

This research study is guided by a feminist theoretical framework. Feminist research has a goal of empowering women and challenging women's oppression (Kirsch, 1999, p.3). The hope in conducting this research is that the knowledge generated will be beneficial to social workers practicing couple therapy and will thus benefit the people with whom they work and serve. This includes women who have a history of trauma and have a strong desire to have positive and healthy relationships and to deepen their connection with their partner.

This research study explores couple therapy in relation to trauma and feminist theory has added much to the conversation around trauma. Feminist scholars and therapists have played a key role in discussions of traumas that involve betrayal, interpersonal violence, and oppression and in developing treatments for survivors of trauma (Brown, 2004, p.464). However, it has been argued that the current understanding of trauma is not centered on feminist values any longer as it has become more focused on medical issues such as diagnosis, standardized treatment, and evidence-based practice (Tseris, 2013, p.156). Tseris (2013) contends that the focus on evidence-based practice has narrowed the types of evidence that are viewed as acceptable and that quantitative and neuro-scientific studies are increasingly being favored, while relational components that are central to feminism are hard to quantitatively measure and consequently are often not considered evidence-based practice (p.156). Because of this shift in conceptualizations around trauma, it is increasingly important to bring a feminist framework to research that is being done in the area of trauma treatment.

In terms of research methods, Kirsch (1999) notes that many feminist researchers prefer qualitative research methods although quantitative methods can also be conducive to feminist research (p.7). Qualitative methods have been mainly used in the research for this major paper, since this is an exploratory study. Qualitative methods also seem to adapt well to the feminist goal of collaborating with participants as much as possible (Kirsch, 1999, p.4). Dudley (2011) also notes that feminist research includes being mindful of the power relations between researchers and participants and being concerned that participants benefit through being involved in the research (p.31). As previously noted, the researcher's hope is that the social workers that have participated in this research will benefit from the results of this research and that the findings will be useful to their practice.

In addition to offering a different perspective and a guide in choosing research methods, feminism also offers a critique of the excessive and unbalanced focus on the symptoms of trauma rather than the wider social context of trauma (Brown, 2004; Cohen, 2008; Tseris, 2013; Zala, 2012). In regard to couple therapy, Zala (2012) contends that relationship problems are often attributed to the female partner because of the impacts of post-traumatic responses on the relationship, but that this focus reduces the role of the perpetrator in the original trauma by problematizing the effects of the abuse rather than the actual abuse itself (p.224). Similarly, Tseris (2013) notes that neuroscience's focus on trauma survivors' "biological vulnerability" to post-traumatic symptoms can be stigmatizing and disempowering for women and that this takes the focus away from the social context in which the trauma occurred (p.159). While a feminist perspective does not mean ignoring and disregarding symptoms of trauma, it does involve framing symptoms of trauma as coping strategies and attempts to control unbearable emotions and memories of the trauma (Brown, 2004, p.465). Richmond et al. (2013) note that post-

traumatic responses reflect learned mechanisms to cope with stressors in survivors' environments and that these coping mechanisms may have been needed and useful at certain times in trauma survivors' lives (p.444). Moreover, Brown (2004) asserts that the goal of feminist trauma treatment is not simply the absence of trauma symptoms, but that there needs to be a linking of the individual experience of trauma to the wider social context (p.469).

A key aspect that feminist theory brings to an understanding of trauma is its situating of interpersonal complex trauma in the context of patriarchy. Patriarchy has been defined as a system that is rooted in the belief that “males are inherently dominating, superior to everything and everyone deemed weak, especially females, and endowed with the right to dominate and rule over the weak and to maintain that dominance through various forms of psychological terrorism and violence” (Baima & Feldhousen, 2007, p.19). Cohen (2008) argues that violence against women and girls needs to be understood within the socio-cultural context of women's oppression rather than solely as a “deviant behaviour” carried out by one person against another (p.235). In order to better understand the effects of trauma, the examination of individual trauma as being a manifestation of the constant and persistent trauma of patriarchal oppression is essential (Baima & Feldhousen, 2007, p.21). Richmond et al. (2013) maintain that sexual violence stems from patriarchal values and that the feminist values of the “personal” being “political” are essential in influencing change within a patriarchal society (pp.452-453). Moreover, a central goal of feminist therapy is to subvert patriarchy and develop a feminist revolution from inside the individual so that both therapists and clients are moved to action in bringing about change to cultures wounded by “violence, misogyny, racism, and hatred” (Brown, 2004, p.470).

A feminist perspective of trauma as rooted in patriarchy provides a strong framework for this research study because of this study's exploration of theories, approaches and best practices

being used in couple therapy for trauma treatment. A feminist theoretical framework provides a critical perspective in looking at understandings of trauma and also offers guidelines in choosing research methods that are collaborative and empowering for participants.

### **Design and Methodology**

This study used a qualitative, cross-sectional exploratory design. This design was chosen because there is currently not very much research related to the topic of couple therapy for heterosexual couples in which the female partner has experienced complex trauma. The researcher conducted inductive research and came from the perspective of wanting to learn as much as possible about this topic from the participants who were involved in the study. The design was cross-sectional as data was only collected at one point in time from the research participants.

### **Recruitment**

Recruitment began once approval had been obtained from the University of the Fraser Valley's Research Ethics Board on February 24, 2015 (Appendix A). Social workers were invited to participate in the study through a recruitment email sent to them by the researcher during the period of March to August 2015, explaining the study and the criteria for participation (Appendix B). A letter of informed consent which provided more details about the study was also attached to the recruitment email (Appendix C). Potential participants were invited to contact the researcher if they were interested in participating in order to schedule an interview at a time that was convenient for them.

The sample population included English-speaking social workers with at least two years of experience in working with heterosexual couples in which the female partner had experienced complex trauma. They had a qualification of at least a Master of Social Work and a social work

practice that is informed by feminism. The sampling frame that was used was snowball sampling. The researcher first identified some potential participants that she was aware of through her own networks and also identified other possible participants through the Counselling BC website (CounsellingBC.com, n.d.). Potential participants were contacted by email to invite them to participate in the study. Other potential participants were identified through asking research participants if they knew of other social workers that fit the criteria for the research study and who might be interested in participating in the study.

Five social workers responded to the invitation to participate in the study. Between March 24, 2015 and October 8, 2015, the researcher conducted individual interviews with each participant. Three participants were interviewed face-to-face and two participants were interviewed by telephone.

### **Data Collection and Analysis**

Data was collected through semi-structured interviews with participants. The researcher used an interview guide (Appendix D) that included mostly open-ended questions in order to gather qualitative data. There were also some quantitative questions asked regarding information about participants. The purpose of using open-ended questions was to allow for flexibility in the interviews and to encourage in-depth and descriptive responses. Questions were posed that inquired about participants' experiences, approaches, theoretical orientation, and practices used in their work of couple therapy with heterosexual couples in which the female partner had experienced complex trauma. There were also questions that were specific to their use of feminist theory in their practice with this population, as well as their perspective on the incorporation of social justice approaches in couple therapy.

Interviews ranged in duration from forty-five to ninety minutes. Three of the interviews took place at the work places of the participants and two interviews happened over the phone. When meeting with participants, they were asked to read and sign the letter of informed consent if they had not already done so previously (Appendix C).

When the researcher finished asking questions in the interview, participants were asked if they felt that any additional questions should be added that would be beneficial to the study. None of the participants offered any additional questions. Participants were also asked whether they were interested in the results of the study and if they wanted a copy of this paper upon completion. All participants responded that they wanted to know the results of the study and to receive a copy of this paper.

The interviews were all recorded with a recording application on the researcher's phone. The phone was password protected so the data was kept secure and protected. Following interviews with participants, the researcher transcribed the recording from the interviews onto a computer that was also protected by a password in order to keep the data confidential. Each participant was given a pseudonym that was attached to their data and was used through the data analysis process. Once the data was transferred to the computer, the recordings of the interviews were deleted from the phone. The transcripts from the interview were stored on the computer for the duration of the study.

A thematic analysis was conducted in order to identify central themes that arose from the interviews with participants. Through reviewing and comparing the transcripts, key themes were discovered. Commonalities and differences between transcripts of the interviews were recognized and noted. The themes identified did not have a close association with specific questions in the interview guide. Rather, the themes surfaced and appeared repeatedly over the



course of the interviews. Once dominant themes were identified, the data was organized by these themes. Transcripts were reviewed again to look for data that both fit and did not fit with themes previously identified. Upon completion of the study, the raw data was kept securely stored.

### **Ethical Considerations**

The researcher submitted an application to the University of the Fraser Valley's Research Ethics Board on February 8, 2015 in order to ensure that the study was in line with research ethics. This study was approved by the University of the Fraser Valley's Research Ethics Board on February 24, 2015 (Appendix A).

The ethical considerations of this study included assuring that there was confidentiality in the study. It was not an anonymous study but the researcher still needed to ensure that each participant's information was kept confidential. This included changing any identifying information when writing this paper based on research findings. In addition to this, all data collected was protected by passwords on the researcher's phone and computer. The researcher was also the only person who transcribed the interviews so there was no one else who had access to the data collected from the interviews. The researcher assured participants of confidentiality through the informed consent process. During data collection, there were no issues that came up related to participant confidentiality.

When looking at ethical considerations, it is also important to consider the potential emotional or psychological risks in this study. The only potential emotional or psychological risk that were foreseen for the participants involved is that they may share during the interview about a situation in their practice of couple therapy in which things did not go well or there was a perceived failure. After sharing this, there was the potential that they could feel embarrassment or regret in sharing this experience. While collecting data, the researcher did not detect any

emotional discomfort on the part of participants. Rather, there appeared to be an openness to discuss and engage in conversation about this research topic.

### **Limitations of the Study**

The small size of the sample is a limitation of this research study. A higher number of participants involved in the study would have been beneficial and would have aided in providing a more representative sample. The study is also limited in that it only involves social workers in British Columbia and not from other parts of Canada or other places in the world. Because of these factors, the sample may not be representative of a larger population and the findings will not be generalizable.

Another limitation of this study is that the interviews were conducted with social workers practicing couple therapy and not the couples themselves. There is a possibility that what the social workers perceive to be helpful and effective in couple therapy for heterosexual couples in which the female partner has experienced complex trauma may differ from what the couple in therapy views as being helpful and effective to them.

## **Findings**

### **Demographic Summary**

Five participants were interviewed for this study. There was variation in the number of years of experience that participants had in practicing couple therapy. One participant had two and a half years of experience while the participant with the most experience in couple therapy had over thirty years of experience in this area. The other three participants all had approximately ten years of couple therapy experience. There was little variation in the education level of the participants as four participants held a Master's Degree in Social Work and one participant had a PhD in Gender Studies in addition to a Master's Degree in Social Work.

In terms of theoretical orientation, while all participants identified as being feminist, there were differences in the theories and therapies that they drew from and utilized in practice. Two participants primarily used narrative therapy in their social work practice. One of these participants briefly discussed some of the theories that narrative therapy draws from, including post-structural and feminist theories. The other three participants all talked about how they used more of an eclectic approach and drew on a number of theories and therapies, some of which included emotion-focused therapy, family systems therapy, socialist feminist theory, dialectical behaviour therapy, systems theory, solution-focused therapy, cognitive behavioural therapy, as well as narrative therapy.

### **Themes**

In the analysis of the data collected in the research process, there were a number of themes that were identified. These themes include: balancing competing needs and avoiding blame, externalization of the trauma, strengthening the relationship, and addressing power in the relationship and society.

#### *Balancing Competing Needs and Avoiding Blame*

One of the themes that emerged through the interviews was the importance of balancing the competing needs of both partners and the relationship in couple therapy. All of the participants talked about how working with couples requires more attunement than working with an individual. One of the participants suggested that it was sometimes challenging to manage the emotions of two different people and to discern how far to push in couple therapy because one partner may be more reactive while the other is not. She also mentioned feeling a “sense of responsibility” about what happens when couples leave the session after there is an “elevation of intensity” and being concerned about what will happen at home. Another participant talked about

how maintaining this balance and attunement was more of a challenge in her early practice as a social worker:

I would be sitting there and they would be screaming at each other. I'm like...this is not good but I'm not sure exactly what to do right now. So that taught me to just try not to let it get out of hand, to look for the signals more quickly. It's trickier, the more people in the room, the trickier it is.

In addition to this, three participants talked about the importance of not aligning with one partner over another as there is potential to get drawn into taking sides. One participant spoke about her refusal to take sides and her focus on standing on the side of the relationship. There were also concerns about the female partner potentially being blamed for the relationship problems because of the effects of past trauma. One participant asserted that many couples come into counseling with the idea that "something is wrong with her and that's impacting the relationship". In contrast to this idea that the problem resides in the female partner and her past trauma experience, all participants emphasized working with both partners on their needs and challenges as well as maintaining a focus on the relationship. One participant spoke about how male partners often experience anger and frustration related to the trauma their partner has experienced as well as a difficulty in understanding her symptoms and how their actions may be contributing to this:

Men have a really hard time understanding violence. They have a really hard time understanding interpersonal violence or random acts of violence or just being hyper-vigilant or hyper-aware of violence because that's not their world. They don't live in that world, but women do.

All of the participants spoke about providing education for male partners about trauma to help them understand and support their partners. This included increasing their awareness about how certain things they may be doing could be a trigger for their partners (particularly related to sexuality) as well as exploring ways that they could comfort, support and empathize with their partners to help decrease the effects of the trauma on their partner's life. Participants also talked about working with the needs of the female partner to address the trauma that she has experienced whether that is through individual sessions or couple sessions.

One of the methods that participants used to balance the needs of both partners was through being flexible in offering couple sessions or individual sessions as needed. All of the participants spoke about having a similar flexibility and offering individual sessions for both partners as well as bringing them together for sessions as a couple. One participant talked about making decisions when a couple first comes to therapy about whether to focus on the relationship or to work with the female partner first individually related to the trauma (while also potentially meeting occasionally with the male partner individually) and then coming together again later to do couple therapy. Similarly, another participant spoke about how there is sometime a need for individual therapy for both partners before they engage in couple therapy. She talked about how it is challenging to "do effective couple therapy work" if the individuals have not yet worked on their own personal challenges. Participants spoke about how this variation in the process of couple therapy depended on what was going on for the couple and what their needs were. One participant stated:

The process can be all over the place. There's not a regimented way of doing it. It's more about what's happening and how intense it is and how long ago the trauma was and the context and severity of it.

There was a general consensus among participants around the importance of assessing the most pertinent need for a couple and being flexible and adaptable in working with the couple both as individuals and together as a couple.

Four participants also talked about some of the challenges of doing individual sessions in addition to couple sessions and about how they mitigated some potential conflicts related to this. One participant stated that, if the female partner asked for individual sessions, she also offered individual sessions to the male partner because of the potential that it would seem like she was “creating an alliance” on the side of the woman. Another participant spoke about the potential for couples to use the therapist’s words against their partner in fights when she is also seeing them individually. To help reduce this possibility, she does not have individual files for each partner and rather has a couple file that can be accessed by either partner:

When I do individual work in couple therapy, I make sure the couple knows that whatever information is shared is available to be shared with the other person. The file is a couples file, not an individual’s file. So if there are things that are shared then that is open.

Another similar challenge that can come up is related to “transparency” between partners and the potential for individual sessions to get in the way of this. One participant talked about the importance of giving individual partners a safe space to express themselves while also asking questions such as, “What do you need to happen in your relationship for you to feel safe to have this kind of conversation with your partner so they can learn this about you?” Two participants placed more emphasis on “transparency” in the relationship and openness in sharing about the trauma whereas two other participants did not think it was necessarily important for the female partner to share details of the trauma with her partner if she preferred not to. There were differing

opinions about the level of sharing and transparency that should be encouraged between partners although all agreed that it was up to the female partner to make this decision for herself about how much she wanted to share in terms of details about traumatic events.

### *Externalization of Trauma*

Another theme that arose through the interviews was that of using an approach of externalizing the trauma. Four participants talked about using externalization with the couple to address both relationship challenges as well as the trauma that the female partner has experienced. One participant talked about how seeing the trauma as separate from the female partner rather than something that is part of them is important and helpful for people. Similarly, another participant discussed the importance of situating the problem not as being the person but being outside of them and separate. The challenge of externalizing the trauma and separating it from the person was discussed extensively by one participant who saw externalizing trauma as being more challenging than externalizing other problems. She stated:

I think the process of interpersonal violence...is actually meant to be identity-shattering.

It's almost like we absorb the identity of trauma so the process of removing that and externalizing it takes a lot longer and people fight you on it... But once people get into that place, it's quite magical. It's situating trauma in the context of the world we live in.

She talked about moving away from focusing on the micro to having conversations in therapy that deconstruct and place the trauma in the context of a system that supports abuse and trauma, and how this approach has been “very freeing” for people she has worked with who have experienced trauma.

The externalization of trauma “symptoms” was a part of this process of externalizing the trauma and separating it from the female partner. Participants appeared to have different

approaches in doing this but there was a general focus on not pathologizing the female partner's trauma symptoms. One participant spoke about how she viewed trauma symptoms as "coping strategies" that people used to handle and manage traumatic events that occurred in their lives. Another participant spoke about the importance of shifting from "pathologizing" language around trauma symptoms to "deconstructing trauma from the identity". Similarly, one participant discussed his views on how trauma symptoms are individualized and miscontextualized:

Oftentimes how we manage things is pathologized. We often use descriptions such as dissociative disorders or depression or anxiety or PTSD as descriptions of people's trauma, which I think are particularly unhelpful because I see them as very limiting. I see them as totalizing people's experiences. For example, if you experience depression, your experience of depression isn't the same all the time. It's not a static experience. It changes with context. It changes in relationships. So, unfortunately, when we put those kinds of things on people, those totalizing things, I think it can be very, very limiting. And I think they act as a restraint; people begin to see themselves in a different way.

He spoke about how he asks questions of the female partner about what her symptoms mean to her and tries not to make assumptions about what they mean. The focus of this process is on "deconstructing people's experiences" so that they can potentially see their experience and responses to trauma in a different way. Another participant took an approach of incorporating some education about the brain and trauma to help in externalizing trauma symptoms. She said that this was helpful for both partners as it gave the female partner a "better understanding of what was happening in her brain" so that she could better manage this as well as helped the male partner to understand, reduce blame on the female partner, and be more of a support and ally for her.



Another way that trauma was externalized was through the exploration of the female partner's responses to the trauma she experienced. One participant spoke about how this approach helps in reducing self-blame as well as the blame that may be put on the woman by culture or society because the focus is less on what happened to the female partner and more on the ways she responded and resisted:

One of the things I've learned over time is that everyone I've ever met has responded in some way. Even if it was just inside their head saying, "You're a piece of shit" or "I don't like this". Those are opportunities to me because in my mind those are acts of protest that are reflective of a particular value or belief system they have about themselves. And I think oftentimes those values or beliefs are hidden because of the messages or beliefs they have about themselves as undeserving. So I try to highlight those as much as I can and then hopefully they begin to see themselves as different. And then doesn't mean the trauma is any less traumatizing... What it does is it identifies these little hidden gems or these exceptions to their experiences that are often clouded by the dominant story of undeserving.

He spoke about how focusing on responses to trauma differs from simply focusing on the "horribleness" of her experience because it shifts the focus and provides an alternative perspective to some of the unhelpful beliefs that she may have developed about herself as a result of the trauma.

Participants did not all approach externalizing trauma for the couple in the same way but there was discussion of having a focus in therapy on externalizing the trauma as well as trauma symptoms or coping strategies by four of the participants.

### *Strengthening the Relationship*

Another theme that was discovered was a focus on strengthening the couple's relationship. Four participants spoke about strengthening the relationship through placing the relationship in context and exploring the pressures that were impacting the relationship. They talked about the multiple pressures that couples are under in society, including parenting, social media, jobs, finances, and more. One participant stated:

There isn't a recognition that couples are under pressure more now than ever. There's no time. Everyone complains about time. You have two working people and people are working harder for less pay. The demands on people are astronomical today in our culture... Through any kind of social media we're constantly bombarded with images and people telling you how to be and how not to be, and images of happy couples when it's really not the truth. There's no break. Couples have no break anymore.

Another participant spoke about how she explored with couples these pressures and problems that were working against the couple and the relationship and focused on externalizing them. The focus was then on looking at times that they had been able to resist problems as well as on uniting the couple in working together against the problems and pressures they face. Similarly, another participant discussed how she focused on strengthening the relationship through uniting both partners in problem solving, focusing on their strengths, and working on shared goals. One participant spoke about moving away from a "pathologizing" view that people just need to "work harder" in relationships to exploring how the couple is dealing with the "external pressures that are making huge demands on the relationship". She saw this as a shift from being "micro-focused" and individualistic to a more "macro" and "global" view of

relationships that looks at how our culture does not support relationships. In talking about her conversations with couples about pressures, one participant stated:

I say, “Is it really any surprise that you guys are struggling right now when you’ve been living in house renovations for two years? Or when you just lost your job or your parent just died?” I use a lot of drawings. I’ll draw the relationship and then I’ll draw lines showing all the different pressure points are that are happening for them. I try to make it visual. Of course there’s strain on the relationship, of course.

The focus is moved away from blaming the couple as well as from both partners placing blame on each other to recognizing that there are external pressures and problems that are affecting their relationship. From this place of reduced blame and recognition of struggle, the couple can be drawn together to explore strengths and solutions and their relationship can be supported and strengthened.

Another key part of strengthening the relationship that was discussed by participants was a focus on building and deepening emotional intimacy in the relationship. Four participants spoke about one of the key questions that they asked couples being: “What is your love story?” or “What is your story of falling in love?” One participant talked about how asking questions about the couple’s love story and what brought them together provides a different perspective than being “problem-focused” and aids them in remembering why they are together in the first place. She discussed how she then could move from there to asking about how various problems are destroying the relationship or taking away from their love story. Another participant explored and strengthened emotional intimacy through looking at relational patterns that affect emotional intimacy in the couple relationship. He discussed how complex trauma happens in the context of

relationship and so there are often relational patterns that are carried into adult relationships that can have an impact on emotional intimacy:

We bring experiences [into relationships] so if someone has experienced trauma then their sense of emotional intimacy has been shaken because they have been betrayed in whatever way they have experienced betrayal. They have been disrespected, they have felt perhaps some shaming, some threatening, maybe some experiences of self-loathing. So they have all these emotional experiences in the context of relationship. When they have that emotionally intimate relationship with someone else, it comes to the fore because that's the context within which the trauma happened. So it has to be worked out in some way.

The approach that he took in strengthening the couple's emotional intimacy was to discuss foundations of emotional intimacy with the couple as well as each partner's experiences of emotional intimacy. In situations where the female partner had experienced complex trauma, he interviewed her about her experience of relationships while the male partner listened and was then interviewed about what resonated and stuck out to him. This encouraged understanding and awareness about the female partner's experience of relationships and helped in creating a strong foundation of emotional intimacy. Another participant spoke about how she focused on building emotional intimacy in the couple relationship through encouraging support and empathy in small ways throughout the course of therapy:

It's the little things that add up over time. So I spend a great deal of time in my sessions with couples teaching micro skills. And some of that may even be teaching them how to map sweet moments so that they have a bigger skeleton to put flesh on.

She provided some examples of these “little things” and the ways that she works toward strengthening the relationship. She discussed a technique she uses called “theraplay” which helps with recreating bonding and attachment and sometimes involves having couples massage each other’s hands with lotion. An additional approach she took was “inviting empathy” and “critical thinking” in conversations through asking, “How do you think your partner might feel about that?” and through placing problems in a wider context in society. Similarly, another participant talked about focusing on teaching couples about “not responding to issues” but instead “responding to the underlying emotion” which might be fear or insecurity or another emotion. She discussed how this helps couples move toward increased emotional intimacy in the relationship. She also talked about bringing in the male partner as an ally in the healing process for the female partner’s experience of trauma in order to build emotional intimacy. In talking about what this might look like in couple therapy, she stated:

You bring the male partner in as an ally against whatever the problem is. So if the problem is the symptoms of trauma, they: a) help identify where they’re doing things that might be triggering some of the trauma, or b) identify things that they might do to comfort, emotionally regulate, emotionally respond, empathize with to help decrease that experience of the trauma on the woman’s life.

Participants used a variety of ways to strengthen the couple relationship and to unite couples in tackling the pressures and problems that negatively impact their relationship. Two participants spoke about this in relation to attachment theory while the others did not directly link this to attachment theory. However, there did appear to be an overall focus by all participants on strengthening the couple’s attachment and emotional intimacy in the relationship.

All participants discussed a number of techniques and approaches utilized to increase emotional intimacy and encourage empathy and understanding between partners.

*Addressing Power in the Relationship and in Society*

Another theme that came up frequently in interviews with participants was that of addressing power in the relationship and in society. All five participants talked about the recognition that there is always a power difference in heterosexual relationships and about how they addressed this in couple therapy. Participants engaged in conversations with couples about how gender roles have changed in society as well as about the couple's understanding of their own gender roles in their relationship. One participant talked about how she discussed gender roles with couples and challenged ideas and thoughts about gender expectations through asking them questions about how they "negotiate power in their relationship" and through exploring "gender talk":

I've always gone to a place of talking about gender talk with couples; like how do they even establish how things get done in the house and how do they know these things. How do they know pink job and blue job? How do you know that? How did that come to be?

Another participant encouraged critical thinking skills about power in the relationship through providing information about gender inequality and placing this in a wider context. An additional participant spoke about his focus on connecting people's experiences and relationships to historical and cultural influences and exploring how these have impacted their relationship. He discussed how one of the most important areas to be explored was power and gender:

I try to talk about and link people's experiences and their relationships to cultural influences. I try to do that in a way that depathologizes them and looks at their responding to particular cultural and historical influences that they've been exposed to

either individually or as a couple. I think that probably the most unhelpful pieces, and what I try to be vigilant about, is the issues of power and gender in relationships. And that's articulated by our culture and what it means for men and women together. If therapy doesn't address those things and the assumption is that those things don't matter in relationships, I think there's a problem. Then it misses the boat.

In addition to discussions of gender inequality, participants talked about how they also addressed other forms of power and privilege within couple therapy, including economic privilege, racism, ableism, and other marginalizations. One participant asserted that these "marginalizations" have the potential to bring about a "sense of isolation" for one partner, while another participant spoke about the "silencing effect in the relationship" when privilege is not discussed and understood.

The power dynamics present in the couple relationship were also frequently linked to power and privilege in society by participants throughout the interviews. They talked about patriarchy, economics, capitalism, and how discussing the macro context with couples provides perspective regarding the challenges they are facing. One participant stated:

I really believe that couples perform the social expectations of our macro world...

They're doing it because everyone else is doing it. They've never stopped to think, "Why am I doing this? Does it benefit me? Does it help me become a whole person or be authentic? Does it maximize the love in our relationship?"... I think that every single session is coming up against the macro expectations.

In addition to talking about how "macro expectations" in society affect couples, she discussed how she viewed bringing awareness to couples about macro context as important because trauma occurs "in the context of domination" and should not simply be viewed in an

individual context. Participants also spoke about how they invite couples to think critically about power and patriarchy in society by linking trauma and some of the issues in their relationship to the wider context and also providing some education to bring awareness. One participant talked about how these kinds of discussions about context and power in culture open up possibilities for couples to view their struggles as not just being about them. It allows them to step back and look more critically at cultural expectations that impose messages about how people should be with each other. From this viewpoint, the couple is able to make decisions about whether they want to change some of those ideas and beliefs that are having an impact on them. Similarly, another participant who does a lot of multi-cultural work spoke about the importance of unpacking societal and cultural expectations and pressures with the couple.

Along with this focus on exploring power in conversations with couples, there was also a recognition by most participants that many individuals and couples have not had a lot of opportunities to be exposed to these kinds of conversations. One participant spoke about how she used to be very frustrated when the people she worked with in therapy would “stand in defense” of forms of domination, such as patriarchy, that were harmful to them because that’s “how they were socialized to be”. While this used to cause a lot of anger for her, she now had more understanding and saw her role as bringing awareness to these areas. She recognized that not everyone has had exposure to ideas about power and privilege in society:

Being able to come to a place of a feminist awakening and conceptualize it in an authentic way is really a privilege. To have the education, to have access to the information, to have conversations with other women, that’s really a privilege. Not a lot of people get that opportunity.



Similarly, another participant talked about how feminism was not part of her learning until she was in early adulthood and experienced a trauma that led her to a rape crisis centre where she was introduced to feminism. Because she realizes that many other people do not often have opportunities to have these kinds of conversations, she takes the opportunities she has to discuss power and privilege with those she works with in therapy. Another participant spoke about how it can sometimes be challenging to have conversations about power and inequality in a way that is meaningful for people because there can be a lot of educational or professional “jargon”. In his work with couples, he tries to understand as much as he can about the “culture of the couple”, including language, values, patterns, and beliefs, so that he can discuss power in a meaningful way with them:

I see myself as a cultural anthropologist first needing to understand a particular culture and language and meaning. Then I can bring in other ideas from feminism or social justice or ableism or whatever into the context in a meaningful way that will resonate with them and just become part of our conversation.

This consideration of the culture of the couple was helpful for him in having conversations that were new and meaningful to the couple and introduced alternate ways of thinking and living.

In addition to this, the attention given to discussions of power in the therapeutic setting was seen by participants as being a key part of having a feminist perspective in their practice of couple therapy. In discussing how her theoretical orientation as a feminist socialist influences her focus on power in her practice, one participant stated:

Who I am at my very heart of my personhood is feminist. So I think that my approach right off the bat in how I do counseling is from trying to not be a source of power... My

theoretical knowledge around power and workload and emotional nurturance influences the lens that I see couples through. So I'm always really curious how those things are playing out in different relationships. And that socialist piece brings in the capitalist stuff; looking at how the outside pressures of capitalism and living the American dream and having a nice house, how does that impact the quality of people's lives and their ability to be intimate and present and content and spiritually well?

She spoke about her tendency to focus on "social inequalities" rather than on "individually rooted pathologies" because of her grounding in feminist theory. Similarly, another participant spoke about how conversations about the impacts of gender, power, and capitalism on relationships are "really natural coming from a feminist perspective". An additional participant talked about how different theories have different understandings of people and their problems and how this comes out in the questions that are asked in therapy. He was clear about his view of therapy as not being neutral and being political:

This is not a neutral process. I am asking questions in a way; it's not an objective way. I'm taking a stand in regards to trauma and gender and violence and ableism and feminism and all those things in my sessions with people in a very conscious way. I think it's important that people understand the political nature of what we do.

This stance and perspective of therapy as not being neutral was also part of bringing "social justice" into the counseling room. Another participant also spoke about social justice as being connected to the way that therapy is done and the focus that the social worker has in couple therapy. Participants spoke about how social justice is sometimes viewed more on a macro or policy level but they viewed it as also being part of therapy. One participant spoke about how supporting change in individuals and connecting their challenges to a wider context of

power and inequality can also influence change in the lives of people around them. Similarly, another participant stated:

I think social justice is a ripple effect of how people change the way they live. Policy is great but you can't change the way people live based on policy or programming. It has to be an intrinsic, internal, come-from-your-soul kind of place where people change what they do. You help someone change their one life and they start helping other people and they start informing other people about things and they start making different choices. They start telling their friends about things and then that ripple effect is huge. It's magical to see people have these conversations.

She went on to talk about some of the ways that she has seen couples make shifts and moves toward social justice, including changing the way they parent, supporting transition homes for women fleeing abuse, and male partners in positions of power such as police officers or doctors shifting in their perspectives and understanding. Conversations about inequality were also seen as being a part of bringing social justice to the forefront in couple therapy.

Participants were attentive to power dynamics in the relationship and society and intentional in having open conversations with couples about this so that the trauma experienced by the female partner could be seen in a context of patriarchy and so that awareness could be brought to the couple about the influence of power and inequality in society on their relationship.

### **Discussion**

The aim of this study was to explore the current work that is being done by social workers that are using couple therapy in their practice with heterosexual couples in which the female partner has experienced complex trauma. Participants involved in the research all incorporated feminist theory in the work that they do with couples. The research question asked

in this study was: What theories, approaches, and best practices are social workers using in their practice of couple therapy with heterosexual couples in which the female partner has experienced complex trauma? The themes that were identified through the analysis of the data give a glimpse into some of the areas that feminist social workers are focusing on in their practice of couple therapy. The themes that were identified through a thematic analysis of the data were: balancing competing needs and avoiding blame, externalization of the trauma, strengthening the relationship, and addressing power in the relationship and society.

The themes that arose through the interviews differed slightly from the themes identified in the literature review. However, the themes of “Balancing Competing Needs and Avoiding Blame” and “Addressing Power in the Relationship and in Society” were identified both in the literature and in this study. There was extensive discussion in the literature about the challenge of focusing on the needs of the couple while also maintaining a focus on the trauma, and also on avoiding blaming the female partner for the problems of the relationship. Additionally, there was also much discussion about the importance of exploring and discussing the impacts of power and privilege on the couple and their relationship in therapy as well as possibilities for social justice in the context of therapy.

The theme from the literature review of “Strengthening Attachment Bonds” was similar to the theme from this study of “Strengthening the Relationship”, however there was a much stronger emphasis in the literature on attachment than there was in the interviews conducted with participants in this study. Some participants did talk about their use of attachment theory in their practice while others did not discuss it at all. While there was less of an explicit focus on attachment in these research findings as compared to the literature, there did appear to be consensus in this study and in the literature that strengthening emotional intimacy and the

relationship of the couple was important in couple therapy with couples in which the female partner has experienced complex trauma.

An additional theme that was identified in the research was that of there being a focus in therapy on the “Externalization of the Trauma” experienced by the female partner. This was not a theme that came out as strongly when reviewing the literature. This may be because not much has been written about this or that it is challenging to conceptualize what this looks like in practice. The attention given to the externalization of trauma in therapy in this study may also be related to the particular theories and approaches that the five social workers interviewed for this study take in their practice. All participants in this study incorporated narrative therapy to various degrees in their practice and “externalization” is a key practice in narrative therapy (Parry & Doan, 1994). The results may have differed if social workers that do not use narrative therapy in their practice were participants in the study.

Furthermore, the theme of “Creating and Strengthening Preferred Narratives” that was identified in the literature review was not as widely discussed by participants in this study. Some discussion related to aspects of this theme did come up in the interviews with participants however it was not a key theme discussed by participants. This may have been because it was a small study and perhaps with more participants this theme may have arisen more prominently in the data.

Although there were some differences in the themes that were identified in this study as compared to the literature review, much of the findings of this study lined up with previous findings in the literature about couple therapy with couples in which the female partner has experienced complex trauma.

### **Implications for Policy, Practice, and Future Research**

Based on these findings, there are implications in the area of policy development and change. In British Columbia, the Crime Victim Assistance Program provides funding for victims of crime. This includes funding that is allocated for a specified number of counselling sessions. While these counselling sessions can be couple therapy sessions if desired, the rate of funding provided is not any higher than that of individual sessions. This can be a barrier as couple therapy sessions are often more expensive than individual therapy sessions and counsellors may not be willing to provide couple therapy for a lower rate. This policy should be changed so that there are higher funding rates provided for couple therapy sessions so that they are more accessible for those who have experienced traumatic events and want their partners involved in therapy. In addition to this, both individual and couple therapy are less accessible to those who do not have any kind of coverage for counseling services or the financial means to pay for this themselves. For agencies that do provide free or low-cost trauma counseling, they should look at their policies and determine if these are supportive of couple therapy or if they only offer individual therapy for trauma survivors. In light of findings regarding the need for and benefits of couple therapy, policies should be developed that make couple therapy more accessible for trauma survivors who want their partners involved in this process.

Past and present research provides direction for social work practice with individuals who have experienced complex trauma as well as couples. The findings point social workers to areas that are important to focus on when practicing couple therapy. In discussing what other social workers are doing in this area, these findings can aid in improving and enhancing other social workers' practice of couple therapy. In addition to this, this research points to the need for couple therapy and not simply individual therapy for women who have experienced complex trauma.

Complex trauma has the potential to negatively affect couple relationships in adulthood, but these same relationships also have the potential to be a source of healing from trauma (Zala, 2012). Male partners have sometimes felt excluded and left out of therapy, when it may actually be very beneficial to both partners and to the relationship to include them in therapy (Hecker, 2007; Macintosh & Johnson, 2008). Social workers should make efforts in their practice to include male partners and to offer couple therapy as well as individual therapy for women who have experienced complex trauma.

In terms of research, there is still much to be done in the area of complex trauma and couple therapy. This was a small, qualitative study and was therefore limited in the generalizeability of its findings. There is a need for more research to continue in the discovery of effective ways of working with heterosexual couples where the female partner has experienced complex trauma. There is also a need to extend beyond this to research about couple therapy with same-sex couples as well as couples where both partners have experienced trauma. This study interviewed social workers engaged in couple therapy but there is also a need for research that explores the perspective of couples and their experiences of couple therapy. Since this study only involved feminist social workers, it would also be interesting to explore whether there are key differences in feminist approaches in this areas as compared to approaches that do not incorporate feminist theory.

### **Conclusion**

This research explored the theories, approaches, and best practices that social workers are using in their practice of couple therapy with couples in which the female partner has experienced complex trauma. While complex trauma has the potential to have negative impacts on trauma survivors' adult intimate relationships, it is often within these relationships that

healing from trauma takes place. Couple therapy can be beneficial as both partners are welcomed and included in the healing process. In this study, feminist social workers participated in qualitative interviews that discussed the ways that they are working with couples. Results from this study indicated areas that social workers can focus on in couple therapy with couples in which the female partner has experienced complex trauma. The key themes identified included: balancing competing needs and avoiding blame, the externalization of the trauma that the female partner has experienced, a focus on strengthening the couple relationship, and addressing power in the relationship and in society. Feminist perspectives have much to offer in the area of trauma and couple therapy as they shift the view from being on the individual to situating problems in a wider context of power, oppression, and privilege and exploring possibilities for social justice and change.



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## **Appendix A**

### **Certificate of Research Ethics Board Approval**

QuickTime™ and a  
decompressor  
are needed to see this picture.

## Appendix B

### Recruitment Email for Potential Participants

**E-mail Subject line:** UFV Study – Social Workers and Couple Therapy

Dear [POTENTIAL PARTICIPANT’S NAME],

I am writing to invite you to participate in a research study that I am conducting through the University of the Fraser Valley. The purpose of this exploratory study is to discover what theories, approaches, and best practices social workers are utilizing in their practice of couple therapy with heterosexual couples in which the female partner has experienced complex trauma. As part of this study, I will be conducting interviews with social workers who are engaged in this field of practice.

You are eligible for this study if you have a qualification of a Master of Social Work, have at least two years of experience in working with couples in which the female partner has experienced complex trauma, and if your practice is informed by feminist theory.

If you are interested in learning more about this study, please review the attached letter of informed consent for further information. Please contact me at [REDACTED] or [REDACTED] if you are interested in participating in this study.

Thank you for your time and consideration. I look forward to hearing from you.

Sincerely,

Katie Johnson

## Appendix C

### Letter of Informed Consent



School of Social Work and Human Services  
University of the Fraser Valley  
33844 King Road  
Abbotsford, BC V2S 7M8  
604-504-7441

March 3, 2015

**An Exploration of the Theories, Approaches and Best Practices that Social Workers are using in their Practice of Couple Therapy with Heterosexual Couples in which the Female Partner has experienced Complex Trauma**  
**Letter of Informed Consent**

#### **Purpose of the Study**

Typically, individual therapy has been prominent in the treatment of trauma. However, couple therapy as a treatment for couples in which one or both partners have experienced complex trauma is beginning to be explored and has potential as an important intervention. Complex trauma often has both individual and relational effects for individuals, and couple relationships have been found to be a tremendous source of healing from past trauma. The main objective of this exploratory study is to discover what theories, approaches, and best practices social workers are utilizing in their practice of couple therapy with heterosexual couples in which the female partner has experienced complex trauma. I hope to learn from your experiences about the current work that is being done by social workers in this field of practice.

I, Katie Johnson, will be conducting the research involved in this study. I am currently a student in UFV's Master of Social Work (MSW) program. My primary supervisor for this study is Dr. Leah Douglas and Dr. Glen Paddock is also involved as a second reader for this project.

#### **Procedures involved in the Research**

As part of this study, I will be conducting interviews with English-speaking social workers who have at least two years of experience in working with heterosexual couples in which the female

partner has a history of trauma. The social workers involved in the study must have a qualification of a Master of Social Work and their practice must be informed by feminist theory. I am seeking a sample size of 5-8 participants.

I will arrange to meet with each participant in a private setting for a face-to-face interview. The interview will be approximately one hour long and will be audio-recorded. An interview guide will be used during the interview. The interview guide will include a few quantitative questions but there will mainly be qualitative questions asked. I will be asking questions about your experiences as a social worker engaged in couple therapy with heterosexual couples in which the female partner has experienced complex trauma. The questions you will be asked will mainly be open-ended questions related to your practice of couple therapy. At the end of the interview, you will also be asked if you are aware of other social workers who meet the criteria for this study who may be interested in being a participant.

### **Potential Harms, Risks or Discomforts to Participants**

It is unlikely that there will be any harms or discomforts associated with this study, however there is always the potential that participants may share something that they are embarrassed about related to their social work practice and later regret this. The questions in the interview are not designed to contain sensitive subject matter, but if you feel uncomfortable with any questions you can decline to answer those questions.

### **Potential Benefits**

This research study will be beneficial and relevant to participants involved in the study as well as other social workers engaged in couple therapy as it will provide knowledge about theories, approaches, and best practices currently being used with heterosexual couples in which the female partner has experienced complex trauma. In addition to this, the findings of this study will be beneficial for couples who are involved in therapy as those working with them will have access to more knowledge in this specific area. This research will also benefit the research community as it contributes knowledge to a topic that is just beginning to receive more attention and interest, but in which little research has been conducted so far.

### **Confidentiality**

Your privacy and confidentiality will be respected throughout this study. At the time of the interview, the interview will be recorded with a recording app on an iPhone. The iPhone will be password protected so the information obtained will be kept secure and protected on there. The recordings will not include participant names or affiliations and pseudonyms will be used for participants. Following the interview, I will transcribe the recording from the interviews



onto my computer, which is also password protected so that the data collected is kept private and confidential. The pseudonyms used for participants will be used in all transcriptions and any identifying data will be removed. The raw data collected during the study will not be destroyed and will continue to be kept securely stored upon completion of this study in April 2016.

### **Participation**

Your participation in this study is voluntary and you may withdraw at any time without consequences. To withdraw, you can contact me by phone at 778-549-8784, by email at Katerina.Johnson@student.ufv.ca, or in person if you choose to withdraw at the time of the interview. In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise. You can also refuse to answer some questions during the interview but still remain in the study.

### **Study Results**

The results of this study will be compiled in a major paper that I will be completing as part of the MSW program I am enrolled in through UFV. If you are interested in the results of this study, please let me know and I will ensure that this paper is made available to you upon completion.

The results of this study may also be used in presentations, research posters, conference proceedings, and/or published in a professional journal. No identifying information will be used in any form of publication.

### **Questions**

If you have any questions about this study, please contact Katie Johnson at [REDACTED] or [REDACTED]. If you have any ethical concerns about this research study, please contact Adrienne Chan, UFV Associate Vice President of Research, Engagement, and Graduate Studies, at 604-557-4074 or [Adrienne.chan@ufv.ca](mailto:Adrienne.chan@ufv.ca). The ethics of this research project have been reviewed and approved by the UFV Human Research Ethics Board.

**Consent Form - An Exploration of the Theories, Approaches and Best Practices  
that Social Workers are using in their Practice of Couple Therapy with  
Heterosexual Couples in which the Female Partner has experienced Complex  
Trauma**

By signing below I agree to participate in this study, titled “An Exploration of the Theories, Approaches and Best Practices that Social Workers are using in their Practice of Couple Therapy with Heterosexual Couples in which the Female Partner has experienced Complex Trauma”.

I have read the information presented in the letter of informed consent being conducted by Katie Johnson at the University of the Fraser Valley. I have had the opportunity to ask questions about my involvement in this study and to receive any additional details.

I understand that I have the right to withdraw from the study at any time and that confidentiality and/or anonymity of all results will be preserved. If I have any questions about the study, I should contact Katie Johnson at [REDACTED] or [REDACTED]. If I have any ethical concerns about this research study, I should contact Adrienne Chan, UFV Associate Vice President of Research, Engagement, and Graduate Studies, at 604-557-4074 or [Adrienne.chan@ufv.ca](mailto:Adrienne.chan@ufv.ca).

I agree to be audio taped during the interview for this study.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Once signed, you will receive a copy of this consent form.

## **Appendix D**

### **Interview Guide**

#### **Quantitative Questions**

1. How many years of experience do you have in couple therapy?
2. How many heterosexual couples have you worked with in which the female partner has a history of trauma?
3. For how many sessions of couple therapy would you typically work with a couple in which the female partner has experienced complex trauma?
4. What is your theoretical orientation in your social work practice?

#### **Qualitative Questions**

1. Tell me about your work with heterosexual couples in which the female partner has a history of trauma.
2. What theories and approaches have you found beneficial in your practice with couples?
3. What theories and approaches have you used that you have found unsuccessful in your practice with couples in which the female partner has experienced complex trauma?
4. What does the process of couple therapy typically look like from beginning to end when working with a couple in which the female partner has experienced complex trauma.
5. How does your approach differ in working with a couple in which the female partner has a history of trauma as opposed to a couple where there is no trauma present (if it does differ)?
6. What are some of the unique challenges for social workers in the practice of couple therapy as compared to individual therapy for trauma survivors?

7. In what ways do you integrate feminist theory in your practice with couples in which the female partner has a history of trauma?
8. What do you see as some of the barriers and challenges in integrating feminist theory in your practice with couples?
9. What do you see as some of the possibilities for social justice within the context of couple therapy for couples in which the female partner has experienced complex trauma?